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Weaver Austin Villeneuve & Sampson LLP P.O. BOX 70250 OAKLAND, CA 94612-0250 Post	CURRENT CORRESPONDE	NCE ADDRESS (Note: Use B	ock i for any change of address)	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must				
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State Foots Service with sufferent postage for first class mail in an enveloped and exceed to the MSPTO (57) 277-2882, can the indicated below. APPLICATION NO. FILNO DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10062-392 071772003 Daryn Klely IGT1P097/P-826 4668 APPLICATION NO. FILNO DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10062-392 071772003 Daryn Klely IGT1P097/P-826 4668 APPLIN TYPE SMALL ENTITY ISSUE PEE DUE FUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(8) DUE DATE DUE nonprovisional NO. \$1510 S.00 \$0 \$1810 0.0726/2009 EXAMINER ART UNIT CLASS-SUBCLASS DIEP, NHON THANH 201 Change of correspondence address of indication of Tee Address' (37) TR 1.503). Change of correspondence address (or Change of Correspondence Address from PT0/38/123) attached. ASSIGNEEN ANAE AND RESIDENCE DATA TO BE PRINTED ON THE PATENTY (Print or type). The Application as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAMIG OF ASSIGNIEE (A) NAMIGO FEE (1) FOR SUBCLASS (1) PRINTED ON THE PATENTY (Print or type). RESIDENCE CLASS (1) PRINTED ON THE PATENTY (Print or type). RESIDENCE CLASS (1) PRINTED ON THE PATENTY (Print or type) and provided an assignment. (A) NAMIGO FEE (No small entity discount permitted) A check is enclosed. A check is enclosed. A pyment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. A pyment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. A pyment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. A pyment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. A pyment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. A pyment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. A phylicant claims SMALL ENTITY status. See 3					Certi	ficate of whating as it was	411133777	
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DIEP, NHON THANH 2621 ART UNIT CLASS-SUBCLASS DIEP, NHON THANH 2621 A48-143000 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the names of up to 3 registered patent attorneys or agents of Making as a member a pages to CRSA47; Rev 03-02 or more recent) attached. Use of a Castomer ProcRs47; Rev 03-02 or more recent) attached. Use of a Castomer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) RENO, Nevada (B) RESIDENCE: (CITY and STATE OR COUNTRY) RENO, Nevada (B) Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge thereof or the assignee or other party nitron. Authorized Signature Profest: S. Sampson Registration No. A44, 314 Please cleck the appropriate assignment fee (s) any deficiency, or credit any overpayment, to Deposit Account Number 2-4-4-4-4 A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge thereof or the assignment or other party nitron. Authorized Signature Profest: S. Sampson Registration No. A44, 314 Please cleck the appropriated ament or the applicant are registered attorney or agent: or the assignment or other party nitron.	ITTLE OF INVENTION:	SECURITY CAMERA	INTERFACE					
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